



PURCHASING

## ADDENDUM #2

April 2, 2020

### RE: International Student Health Insurance (50012-457-20)

- Please change the Bid Opening Date to April 15, 2020 at 2:00PM
  - Please disregard the opening date listed on page 1 and 10 of the original bid packet
- Please see the attached documents
  - Includes loss information for the years 2017-2018 and 2019-2020
  - Includes 2017-2020 Premium Paid and Student Enrollment Count
- A Bid Bond **IS REQUIRED** for this bid
  - Item #6 in the Instructions to Bidders
- All sealed bids must be shipped via United State Postal Service (USPS)
  - No electronic or faxed bids will be accepted
  - Please send bid with ample time for shipping and delivery via USPS; Allow at least 5-7 business days for delivery. If your bid isn't received by the deadline, it will not be considered for award
- Questions (black ink) and Answers (red ink):
  - Admin Fees for the last three years: **NONE**
  - Commissions for the last three years: **N/A**
  - After reviewing your plan design requirements, we noticed that there is not specifications as to whether or not the school has any requirement for an ACA plan or a non-ACA plan: **The policy does not need to be ACA compliant. When our provider changed from 2016-2017 to 2017-2018, the new provider only had an ACA policy available in the state of Louisiana. It was their choice, not our choice, to provide unlimited medical benefit. This bid is for a maximum limit for injuries with a \$250,000 limit.**
  - Can inside dollar limits be placed on certain benefits: **Yes – we would consider bids with an inside dollar limit – these should be indicated appropriately in the bid.**

A MEMBER OF THE UNIVERSITY OF LOUISIANA SYSTEM

P.O. BOX 3157 • RUSTON, LA 71272-0001 • TEL: (318) 257-4205 • FAX: (318) 257-3772 • [admfac.latech.edu/purchasing](mailto:admfac.latech.edu/purchasing)

AN EQUAL OPPORTUNITY UNIVERSITY



## LOUISIANA TECH UNIVERSITY.

### PURCHASING

- Is there some flexibility as it pertains to Item #6 of the Insurance Company Declaration states that carriers must provide: **Yes, carrier can provide additional references instead of the approximate premium volume for each University or College, name and title of administer at each school responsible for the student health program**
- Are non-admitted providers allowed to bid: **We cannot accept bids from non-admitted carriers.**
- Additional Questions and Answers are due by the close of business on April 7, 2020.

All other specifications remain unchanged.

Sincerely,

Zynthia Rhodes  
Assistant Director  
Louisiana Tech University  
(318) 257-4205  
zrhodes@latech.edu

# Standard School Report

School Name	Plan Year	Report Type	Enrollment Dashboard	Claim Dashboard	Medical Cost Per Member	Medical Cost Comparison	HighDollar Claimants	Top Provider	Diagnosis
LOUISIANA TECH UNIVERSL.	2017	Life to Date			All	All	All	All	Age Bracket

## LOUISIANA TECH UNIVERSITY

## WELLFLEET BOOK

Grand Total \$342,160 100.0%

Behavioral Health \$12,076 3.5%

Chemo/Radiation \$0 0.0%

Emergency Services \$50,858 14.9%

Health Center \$0 0.0%

Immunizations/Inje.. \$790 0.2%

Lab/Imaging \$85,793 25.1%

Maternity \$3,008 0.9%

Office Visits \$6,143 1.8%

Other Misc IP \$39,942 11.7%

Other Misc OP \$12,920 3.8%

Other Pharmacy \$56,575 16.5%

PBM Pharmacy \$34,269 10.0%

Physiotherapy \$1,011 0.3%

Room & Board \$20,707 6.1%

Surgery \$14,089 4.1%

Urgent Care \$140 0.0%

Wellness \$3,839 1.1%

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## LOUISIANA TECH UNIVERSITY

## WELLFLEET BOOK

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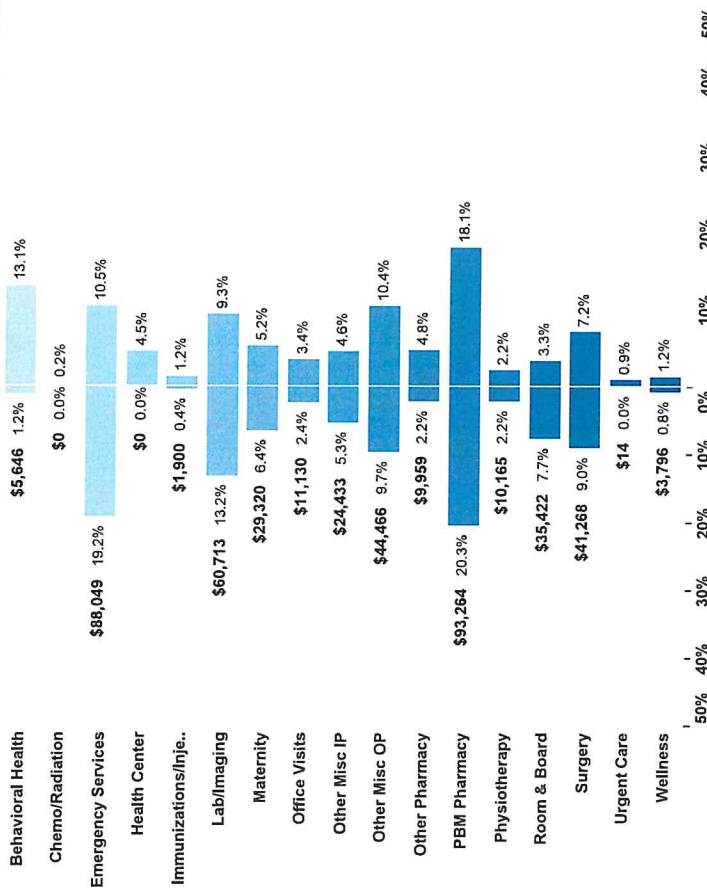
# Standard School Report

School Name	Plan Year	Enrollment Dashboard	Claim Dashboard	Medical Cost Per Member	Medical Cost Comparison	HighDollar Claimants	Top Provider	Diagnosis
LOUISIANA TECH UNIVERSL.	2018	Report Type Life to Date		Utilization Metric	NetworkStatus	All	All	Age Bracket
				All	All			All

## LOUISIANA TECH UNIVERSITY

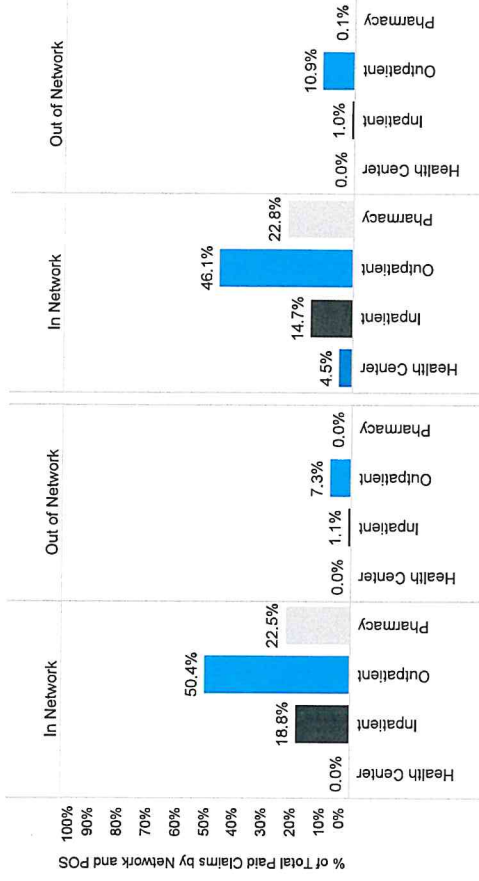
## WELLFLEET BOOK

Grand Total \$459,546 100.0%



## LOUISIANA TECH UNIVERSITY

## WELLFLEET BOOK



## LOUISIANA TECH UNIVERSITY HighDollar

Claimants Exceeding \$50,000 in Paid Claims

2018

HD Claimants Paid Amount	\$121,428
Paid	\$459,546
HD % of Total Claims Paid	16%
HD Claimant Count	2

Based on policy respective start dates, paid through 2/29/2020  
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# Standard School Report

School Name  
LOUISIANA TECH UNIVERSI.. 2019

Plan Year  
Life to Date

Enrollment Dashboard

Claim Dashboard

Medical Cost Per Member	Medical Cost Comparison	HighDollar Claimants	Top Provider	Diagnosis
All	NetworkStatus	All	All	Age Bracket

## LOUISIANA TECH UNIVERSITY

## WELLFLEET BOOK

Grand Total \$67,081 100.0%

Behavioral Health \$10,520 15.7%

Chemo/Radiation \$0 0.0%

Emergency Services \$9,387 14.0%

Health Center \$0 0.0%

Immunizations/Inje.. \$1,351 2.0%

Lab/Imaging \$14,180 21.1%

Maternity \$5,846 8.7%

Office Visits \$3,433 5.1%

Other Misc IP \$60 0.1%

Other Misc OP \$3,534 5.3%

Other Pharmacy \$1,024 1.5%

PBM Pharmacy \$9,861 14.7%

Physiotherapy \$870 1.3%

Room & Board \$0 0.0%

Surgery \$5,340 8.0%

Urgent Care \$33 0.0%

Wellness \$1,641 2.4%

## LOUISIANA TECH UNIVERSITY

## WELLFLEET BOOK

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## LOUISIANA TECH UNIVERSITY

## HighDollar

Claimants Exceeding \$50,000 in Paid Claims

2019

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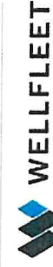
HD Claimants Paid Amount

Paid

HD % of Total Claims Paid

HD Claimant Count

Based on policy respective start dates, paid through 2/29/2020  
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### Louisiana Tech

Policy Year	Annual Cost	Enrolled	Premium	Claim losses	Loss Ratio	Through
2017-18	\$1,170	262	\$306,551	\$342,160	111.60%	2/29/2020
2018-19	\$1,067	264	\$281,210	\$459,546	163.40%	2/29/2020
2019-20	\$1,516	255	\$386,201	\$67,081	17.40%	2/29/2020

## Standard School Report

School Name  
LOUISIANA TECH UNIVERSI..

Plan Year  
Multiple values

Enrollment Dashboard

Claims Dashboard

Medical Cost  
Per Member

Medical Cost  
Comparison

High Dollar Claimant

Top Provider

Diagnosis

All

Utilization Metric

Network/Status

All

Age Bracket

### LOUISIANA TECH UNIVERSITY

Claimants Exceeding \$50,000 in Paid Claims

Year	Masked ID	Highest Paid Diagnosis	Relationship	Grand Total	RX Amount	Outpatient Amount	Inpatient Amount
2017	000132293916	HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE WITH H..	Member	\$60,022	\$20,581	\$511	\$38,930
	000132544894	ALCOHOL INDUCED ACUTE PANCREATITIS WITHOUT NECROSIS ..	Member	\$55,249	\$16,201	\$15,988	\$23,060
	000132281267	TUBERCULOSIS OF LUNG	Member	\$52,432	\$17,206	\$1,865	\$33,361
	Total			\$167,703	\$53,988	\$18,364	\$95,351
2018	000132282359	EPIDURAL HEMORRHAGE WITH LOSS OF CONSCIOUSNESS OF 3..	Member	\$81,227	\$1,416	\$4,120	\$55,691
	000132286545	PRESCRIPTION DRUGS	Member	\$60,201	\$60,071	\$130	
Grand Total	Total			\$121,428	\$61,487	\$4,250	\$55,691
				\$289,131	\$115,475	\$22,614	\$151,042

Based on policy respective start dates, paid through 2/29/2020  
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## Louisiana Tech University

### 2016-2017 International Student Plan Summary

AMA & Associates is pleased to provide the international student Injury and Sickness insurance plan at Louisiana Tech University for the 2016-2017 school year. Our plan protects you 24 hours a day on a worldwide basis except when in your home country.

For additional plan information, please call 1-800-456-7480, or contact [customerservice@amaofsa.com](mailto:customerservice@amaofsa.com).

**Carry your Student Insurance ID Card with you at all times.**

<b>BENEFITS 2016-2017</b>	<b>In-Network: 100% of PPO Allowance Out-of-Network: 75% of Eligible Charges until \$7,500 in Benefits Paid; Thereafter, 100% of Eligible Charges</b>
Maximum Per Accident and Sickness.....	\$250,000
Policy Year Deductible.....	\$200 Per Covered Person
Insured Co-Payments .....	(1) \$50 per Hospital Admission (2) \$20 per Doctor's Office Visit (waived if first treated at the SHC) (3) \$50 per Medical Emergency Visit at a hospital emergency room, Surgical center, or clinic (4) \$50 per Visit for Outpatient Services including Outpatient Hospital Services
Ambulance Services .....	\$500 Maximum
Mental Nervous/Substance Abuse.....	Inpatient: Covered as any Sickness for 30 Days Outpatient In-Network: Covered as any Sickness Outpatient Out-of-Network: \$500 Maximum
Outpatient Prescription Drugs .....	\$10,000 under the Catamaran Prescription Drug Network. Insured Copayments: (1) \$10 per generic prescription; (2) \$15 per brand name prescription; (3) \$30 per multi-source prescription

### UNITEDHEALTHCARE GLOBAL ASSISTANCE PROGRAM

**Those who are covered under the Injury and Sickness Plan are also covered under this Program.**

**Benefits include:**

Medical Evacuation & Repatriation .....	Unlimited per program qualifications
Return of Mortal Remains.....	Unlimited per program qualifications
Transportation to Join a Hospitalized Insured .....	Economy round-trip airfare for a person chosen by the Insured

**U.S. or Canada Toll-Free: 800-537-2029**

**Worldwide Collect: 1+ 410-453-6330**



# Louisiana Tech University

## 2016-2017 International Student Plan Summary

### Frequently Asked Questions

**What is a PPO?** PPO stands for Preferred Provider Organization. These are doctors and hospitals that have agreed to provide medical services at a reduced fee. The PPO network for the international Louisiana Tech University plan is PHCS, a nationwide MultiPlan provider network. If you choose to go to a provider outside of the PHCS network, benefits are reduced and you may have to pay extra money out of pocket.

**How do I find a doctor?** Go to [www.multiplan.com](http://www.multiplan.com). Select PHCS Network and Continue, select either Doctor or Facility, and then search by zip code and provider type.

**What is a deductible?** This is the dollar amount of Covered Expenses that is your responsibility as an out of pocket expense before benefits are payable under the policy.

**What is a co-payment?** This is a fixed dollar amount for a covered service that is your responsibility as an out of pocket expense before benefits are payable under the policy. The co-payment is in addition to the deductible.

**The provider says I am not on the insurance list at AMA & Associates.** There is a chance at the beginning of the term that we have not received the enrollment information from Louisiana Tech University. The university needs to send us notification that you are enrolled in the insurance plan. We will reimburse your eligible charges per policy terms if the provider requires payment up front. Call 800-829-7467.

**What is an EOB?** Explanation of Benefits is a form that will be mailed to you once your claim is processed. It shows the charges, discounts, and any amount that is still owed by you to the provider. An EOB is not a bill.

**When should I use the Emergency Room?** Hospital Emergency Rooms (ERs) are set up to focus on medical emergencies, not routine health care. Many health problems are not emergencies. If you are unsure whether the problem is an emergency: (1) go to your Student Health Center or doctor's office, if open; or (2) go to the ER only if you feel the problem is so serious that it cannot wait until your Student Health Center or doctor's office is open.

**How do I fill my prescription?** Go to a pharmacy that participates in the Catamaran RX Pharmacy Network and show your ID card. The pharmacy will inform you the amount of your co-pay for your specific drug. You need only pay this co-pay. Examples of nationwide participating pharmacy chains are: Walgreens, Target, Kmart, WalMart, and CVS. For additional pharmacies, to Catamaran RX Member Services at 800-207-2568, or visit their website at [www.mycatamaranrx.com](http://www.mycatamaranrx.com).

**What happens if my claim is denied?** Your claim may have been denied because you did not send us an accident and sickness claim form. This form must be completed and received before your claim can be processed. Your claim may also have been denied if the doctor provides the wrong information on the bill. If you have a question on a denied claim, call AMA & Associates at 800-456-7480 or email [customerservice@amaofsa.com](mailto:customerservice@amaofsa.com). To download a claim form, visit [www.amaofsa.com](http://www.amaofsa.com) and select your school.

**Exclusions & Limitations:** The following expenses are not covered:

- Medical care, treatment, supplies or services for the insured in his or her home country
- Elective or cosmetic surgery
- For any care in connection with teeth, gums, or jaw unless as a result of an injury to sound natural teeth
- Hearing aids, eyeglasses and contact lenses
- For the treatment of acne
- Intentional self-inflicted injury
- For diagnosis treatment and all other care related to infertility
- Injury while motorcycling, parachuting, hang gliding or while driving illegally
- Resulting from a motor vehicle accident if an insured individual was operating the vehicle without a valid driver's license
- Injury or sickness as a result of intoxication
- Preventive treatment and routine physicals
- Complete listing of exclusions is available in the Policy

**Note: This is a SUMMARY ONLY – THE POLICY WILL DETERMINE BENEFITS**

Underwritten by: Catlin Insurance Company Incorporated



Dear Student, Parent, or Guardian:

We are pleased to provide you with this overview of the Louisiana Tech University Student Health Insurance Plan (SHIP) for International Students. This SHIP is underwritten by Atlanta International Insurance Company and administered by CHP Student Health.

This ACA-compliant plan includes:

- Coverage while at school and at home
- Comprehensive coverage both for emergency and non-emergency situations
- Access to the Cigna PPO network

**This Plan is paired with the Cigna Network. Note that the benefits are not insured by Cigna or affiliates.**

This Plan also offers the following Value-added services. These services are not part of the Student Health Insurance Plan underwritten by Atlanta International Insurance Company:

- Vision Discount Program through Davis Vision
- Medical Travel Assistance Services

#### HEALTH INSURANCE BENEFIT SUMMARY\*

BENEFIT	NETWORK	Non-NETWORK
Maximum	Unlimited	
Annual Deductible	\$200 Individual \$400 Family	\$400 Individual \$800 Family
Out-of-Pocket Maximum	\$7,150 Individual \$14,300 Family	7,150 Individual \$15,000 Family
Coinurance	100% of PA	75% of U&R
Preventive Care	100% of PA (no cost sharing)	75% of U&R
Inpatient Hospital Expense	100% of PA	75% of U&R
Physician's Office Visit	100% of PA after \$20 copay	75% of U&R after \$20 copay
Emergency Room Expense	100% of PA after \$50 copay	100% of PA after \$50 copay
X-Ray and Laboratory	100% of PA	75% of U&R
Prescription Drug Benefits Prescriptions should be filled at a Participating Cigna Pharmacy Network	100% of PA after: <ul style="list-style-type: none"> <li>• \$0 Copay for Generic Contraceptives;</li> <li>• \$10 Copay for other Generic Drugs</li> <li>• \$30 Copay for Preferred Brand</li> <li>• \$60 Copay for Brand</li> </ul>	75% of U&R after: <ul style="list-style-type: none"> <li>• \$10 copay for Generic</li> <li>• \$30 Copay for Preferred Brand</li> <li>• \$60 for Brand</li> </ul>

PA= Preferred Allowance

U&R = Usual & Reasonable

\*This summary is provided as a courtesy and is not meant to replace or override the terms and conditions detailed in the insurance policy/brochure. Please refer to the policy/brochure to verify medical coverage, eligibility, exclusions, limitations, and for more detailed information.

Louisiana Tech University

2017 - 2018

### Student Health Insurance Plan

Underwritten by: Atlanta International Insurance Company


Group #: ST1040SH

Policy#: AIIIC1718LASHIP32

### Louisiana Tech University Insurance Requirements

All International students and scholars who have a current passport, a F-1, M-1, or J-1 Visa, and temporarily residing outside their Home Country while actively engaged in education or educational activities or research related activities are eligible to be covered under this insurance plan.

If you have other insurance coverage that meets Louisiana Tech's requirements, you may be eligible for a waiver. Please contact the International Student Office by phone at 318-257-4321, or by email at [iso@latech.edu](mailto:iso@latech.edu).

I need to:	Visit:
Learn about: <ul style="list-style-type: none"> <li>• Insurance Benefits</li> <li>• Provider Listings</li> <li>• Claims Processing</li> <li>• ID card</li> <li>• Waiver process</li> </ul>	<b>CHP Student Health</b> <a href="http://www.chpstudent.com">www.chpstudent.com</a> (877)657-5030
Find a PPO Provider: 	<b>Cigna PPO</b> <a href="http://www.cigna.com">www.cigna.com</a> or <b>CHP Student Health</b> <a href="http://www.chpstudent.com">www.chpstudent.com</a> (877)657-5030
Find a Prescription Drug Provider:	<b>Cigna Pharmacy Network</b> <a href="http://www.cigna.com">www.cigna.com</a>

#### Cost and Period of Coverage

	Annual* 9/1/17- 9/1/18	Fall* 9/1/17- 12/1/17	Winter* 12/1/17- 3/1/18	Spring* 3/1/18- 6/1/18	Summer* 6/1/18- 9/1/18
<b>Student</b>	\$1,170	\$292	\$288	\$295	\$295
<b>Dependent Rates are in addition to the student rate</b>					
<b>Spouse</b>	\$1,170	\$292	\$288	\$295	\$295
<b>Each Child</b>	\$1,170	\$292	\$288	\$295	\$295
<b>3 or more Children</b>	\$3,510	\$876	\$864	\$885	\$885

Underwritten by: Atlanta International Insurance Company

Policy Form LA SHIP POL 2016

FlyST1040SH



Accessible, Responsive, Flexible.

(877)657-5030  
 2077 Roosevelt Ave.  
 Springfield, MA 01104  
[chpstudent.com](http://chpstudent.com)



# Louisiana Tech University

## 2018-2019 International Student Health Plan

Group No: ST1040SH  
Policy No: CCIC1819LASHIP74

Dear Students:

We are pleased to provide you with this summary of the Student Health Plan for Louisiana Tech University. This plan is fully compliant with the Affordable Care Act.

### Who Is Eligible To Enroll?

All registered International students and Scholars taking at least 1 credit are required to have health insurance.

All International students and scholars and have a current passport and an F-1, or J-1 Visa and are temporarily residing outside their home country while actively engaged in education, educational activities or research related activities are required to have health insurance coverage

A student who is an optional Practical Training student and maintains a valid F-1 Visa, may be considered eligible for coverage for a period of time no longer than twelve (12) months following graduation. The student must still be considered a student of Louisiana Tech University.

A student who is on a 24-month STEM extension work period while maintaining a valid F-1 Visa, may be considered eligible for coverage for a period of time no longer than twenty-four (24) months following graduation. The student must still be considered a student of Louisiana Tech University.

### How Do I Enroll?

If You are eligible to be covered under this Program, You are automatically enrolled, unless You waive coverage.

STEM, OPT, Bridge F-1 and J-1 Scholars are eligible to enroll on the plan on a voluntary basis by visiting our website at [www.consolidatedhealthplan.com](http://www.consolidatedhealthplan.com). These covered Students/Scholars may also purchase coverage for eligible dependents who reside with the Student/Scholar.

### How Do I Waive Coverage?

If you have other insurance coverage that meets Louisiana Tech's requirements, you may be eligible for a waiver. Please contact the International Student Office by phone at (318) 257-4321, or by email at [iso@latech.edu](mailto:iso@latech.edu).

### Enrollment Period Deadline Dates

Annual/Fall	September 28, 2018
Fall	September 28, 2018

### Cost and Period of Coverage

	Annual* 8/29/18- 8/28/19	Fall* 8/29/18- 11/30/18	Winter* 12/1/18- 2/28/19	Spring* 3/1/19- 5/31/19	Summer* 6/1/19- 8/28/19
<b>Student</b>	\$1,160	\$290	\$290	\$290	\$290
<b>Dependent Rates are in addition to the student rate</b>					
<b>Spouse</b>	\$1,160	\$290	\$290	\$290	\$290
<b>Each Child</b>	\$1,160	\$290	\$290	\$290	\$290
<b>3 or more Children</b>	\$3,480	\$870	\$870	\$870	\$870

### HEALTH INSURANCE BENEFIT SUMMARY\*

BENEFIT	NETWORK	NON-NETWORK
Benefit Maximum	Unlimited	
Annual Deductible	\$200 per Individual	\$400 per Individual
Out-of-Pocket Maximum	\$7,150 Individual \$14,300 Family	\$7,150 Individual \$14,300 Family
Coinsurance	100% of PA	75% of U&R
Preventive Care	100% of PA (no cost sharing)	75% of U&R
Hospital Room & Board (Inpatient)**	100% of PA	75% of U&R
Surgery (Inpatient or Outpatient)	100% of PA	75% of U&R
In Office Physician Visit	100% of PA after \$20 copay per visit	75% of U&R after \$20 copay per visit
Consultant/Specialist Physician Services	100% of PA after \$20 copay per visit	75% of U&R
Emergency Services Expense	100% of PA, after \$50 copay per visit	100% of U&R, after \$50 copay per visit
Urgent Care Center Expenses	100% of PA	75% of U&R
Diagnostic X-ray & Laboratory	100% of PA	75% of U&R
Mental Health and Substance Abuse	Same as any other Covered Sickness	Same as any other Covered Sickness
Outpatient Prescription Drugs (Copay per drug; deductible waived; no cost sharing for ACA preventive care medications)	100% of PA, after: \$10 copay Generic \$30 copay Preferred Brand \$60 copay non-Preferred Brand \$60 copay Specialty (per month for each drug up to a 30-day supply of any single drug)	75% of U&R after: \$10 copay Generic \$30 copay Preferred Brand \$60 copay non-Preferred Brand \$60 copay Specialty (per month for each drug up to a 30-day supply of any single drug)

PA= Preferred Allowance

U&R Usual and Reasonable

\*This is only a brief description of the coverage(s) available under Certificate form LA SHIP CERT (2018). The Certificate will contain the reductions, limitations, exclusions and termination provisions. Full details of coverage are contained in the Certificate. If there are any conflicts between this document and the Certificate, the Certificate shall govern in all cases.

\*\*All inpatient confinements require pre-certification. The phone number can be found on the back of the Insured's ID card. The call should be made prior to Hospital Confinement. In the case of an emergency, the call should take place as soon as reasonably possible

### ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

Principle Sum for Double Dismemberment or Loss of Life \$10,000  
Loss must occur within 180 days for the date of a covered Accident.

**Underwritten By:**  
Commercial Casualty Insurance Company

**Plan Administrator:**  
Consolidated Health Plans, Inc.  
2077 Roosevelt Ave.  
Springfield, MA 01104  
[chsstudenthealth.com](mailto:chsstudenthealth.com)  
(877) 657-5030

**Servicing Agent:**  
Student Assurance Services, Inc.  
333 North Main Street  
P.O. Box 196  
Stillwater, MN 55082  
(800) 328-2739  
[dianam@sas-mn.com](mailto:dianam@sas-mn.com)



Where Can I Obtain More Information About The Plan?	
Insurance Benefits Enrollment Waiver	Consolidated Health Plans (CHP) 877-657-5030 or <a href="http://www.chpstudenthealth.com">www.chpstudenthealth.com</a>
Claims Processing ID Cards Preferred Provider Listings ID card Requests	Consolidated Health Plans (CHP) 877-657-5030 or <a href="http://www.chpstudenthealth.com">www.chpstudenthealth.com</a>
Find Network Provider	Consolidated Health Plans or <a href="http://www.cigna.com">www.cigna.com</a>
Find Prescription Drug Provider	Consolidated Health Plans or <a href="http://www.cigna.com">www.cigna.com</a>

**The following Value-Added Services are not part of the Policy and are not underwritten by Commercial Casualty Insurance Company. The services are provided by Independent vendors and are included if the student participates in the student health plan.**

- Vision discount program through Davis Vision
- Medical travel assistance through Scholastic Emergency Services
- 24-hour nurse line
- 24-hour behavioral health hotline through CareConnect

#### Exclusions

**Exclusion Disclaimer:** Any exclusion in conflict with the Patient Protection and Affordable Care Act or any state-imposed requirements will be administered to comply with the requirements of the federal or state guideline, whichever is more favorable to You.

This Certificate does not cover loss nor provide benefits for any of the following, except as otherwise provided by the benefits of this Certificate and as shown in the Schedule of Benefits.

1. **International Students Only** - Eligible expenses within Your Home Country or country of origin that would be payable or medical Treatment that is available under any governmental or national health plan for which You could be eligible.
2. Treatment, service or supply which is not Medically Necessary for the diagnosis, care or treatment of the Sickness or Injury involved. This applies even if they are prescribed, recommended or approved by the person's attending physician or dentist.
3. medical services rendered by provider employed for or contracted with the School, including team physicians or trainers, except as specifically provided in the Schedule of Benefits.
4. professional services rendered by an Immediate Family Member or anyone who lives with You.
5. weak, strained or flat feet, corns, calluses ingrown toenails except for Treatment because of Injury, infection or disease, except as may be required for treatment associated with diabetes.
6. diagnostic or surgical procedures in connection with infertility unless such infertility is a result of a Covered Injury or Covered Sickness.
7. prescription contraceptive diaphragms are covered but limited to one (1) per Policy Year;
8. expenses covered under any Workers' Compensation, occupational benefits plan, mandatory automobile no-fault plan, public assistance program or government plan, except Medicaid.
9. charges of an institution, health service or infirmary for whose services payment is not required in the absence of insurance or services provided by Student Health Fees.
10. any expenses in excess of Usual and Reasonable charges except as provided in this Certificate.
11. loss incurred as the result of riding as a passenger or otherwise (including skydiving) in a vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a scheduled airline maintaining regular published schedules on a regularly established route anywhere in the world.
12. loss resulting from war or any act of war, whether declared or not, or loss sustained while in the armed forces of any country or international authority.
13. Loss resulting from playing, practicing, traveling to or from, or participating in, or conditioning for, any Intercollegiate, intramural or club sports;
14. Loss resulting from playing, practicing, traveling to or from, or participating in, or conditioning for, any professional sport;
15. Treatment, services, supplies or facilities in a Hospital owned or operated by the Veterans Administration or a national government or any of its agencies, except when a charge is made which You are required to pay.
16. services that are duplicated when provided by both a certified Nurse-midwife and a Physician.
17. expenses payable under any prior Certificate which was in force for the person making the claim.
18. Injury sustained as the result of Your operation of a motor vehicle while not properly licensed to do so in the jurisdiction in which the motor vehicle accident takes place.
19. expenses incurred after:
  - The date insurance terminates as to an Insured Person, except as specified in the extension of benefits provision; and
  - The end of the Policy Year specified in the Benefit Schedule.
20. Elective Surgery or Treatment unless such coverage is otherwise specifically covered under the Certificate.
21. charges incurred for acupuncture, heat Treatment, diathermy, or massage, in any form, except to the extent provided in the Schedule of Benefits.
22. Weight management. Weight reduction. Nutrition programs. Treatment for obesity. Surgery for removal of excess skin or fat. this does not

- apply to nutritional counseling or any screening or assessment specifically provided under the Preventive Care Services benefit, or otherwise specifically covered under the Certificate.
23. charges for hair growth or removal unless otherwise specifically covered under the Certificate.
  24. expenses for radial keratotomy, eye glasses or contact lenses except as required for repair caused by a Covered Injury. Office visit exam for the fitting of prescription contact lenses eyeglasses or duplicate spare eyeglasses or lenses or frames eyeglass frames, non-prescription lenses and non-prescription contact lenses that are for cosmetic purposes or unless otherwise covered under the Pediatric and Adult Vision Care Benefit.
  25. charges for hearing exams, hearing screening, hearing aids or cochlear implants except as specifically provided in the Certificate.
  26. racing or speed contests skin diving or sky diving, mountaineering (where ropes or guides are customarily used), ultra-light aircraft, parasailing, sail planing, hang gliding, bungee jumping, travel in or on ATV's (all terrain or similar type vehicles) or other hazardous sport or hobby.
  27. expenses incurred for Plastic or Cosmetic Surgery, unless they result directly from a Covered Injury that necessitates medical Treatment within 24 hours of the Accident or results from Reconstructive Surgery.
    - For the purposes of this provision, **Reconstructive Surgery** means surgery performed to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors or disease to either improve function or to create a normal appearance, to the extent possible.
    - For the purposes of this provision, **Plastic or Cosmetic Surgery** means surgery that is performed to alter or reshape normal structures of the body in order to improve the patient's appearance or alter their personal concept of body image.
  28. Treatment to the teeth, including orthodontic braces and orthodontic appliances, or unless otherwise covered under the Pediatric Dental Care Benefit. Surgical extractions of teeth and any Treatment of Temporomandibular Joint Dysfunction (TMJ) other than a surgical procedure for those covered conditions affecting the upper or lower jawbone or associated bone joints. Such a procedure must be considered Medically Necessary based on the Certificate definition of same. This exclusion does not apply to the repair of Injuries caused by a Covered Injury to the limits shown in the Schedule of Benefits.
  29. You are:
    - committing or attempting to commit a felony,
    - being engaged in an illegal occupation, or
    - participation in a riot.
  30. elective abortions.
  31. braces and appliances, except as specifically provided in the Schedule of Benefits.
  32. congenital defects, except as provided for newborn or adopted children added after the Effective Date of coverage.
  33. Custodial Care service and supplies.
  34. charges for hot or cold packs.
  35. hernia, of any kind.
  36. expenses that are not recommended and approved by a Physician.
  37. sexual reassignment surgery, except as provided when Medically Necessary or when Treatment is covered under the Certificate. This exclusion does not include related mental health counseling or hormone therapy.
  38. routine harvesting and storage of stem cells from newborn cord blood, the purchase price of any organ or tissue, donor services if the recipient is not an Insured Person under this plan, or services for or related to the transplantation of animal or artificial organs or tissues.
  39. cosmetic procedures related to Gender Dysphoria including but not limited to rhinoplasty, face lift, facial bone reduction, lip enhancement or reduction, blepharoplasty, breast augmentation, body contouring, reduction thyroid chondroplasty, hair removal, voice modification surgery, skin resurfacing, chin implants, nose implants This exclusion does not apply to breast reconstruction after mastectomy.
  40. Under the Prescription Drug Benefit shown in the Schedule of Benefits, any drug or medicine:
    - which does not, by federal or state law, require a prescription order, i.e. over-the-counter drugs, even if a prescription is written, except as specifically provided in the Prescription Drug Benefit section of this plan;
    - drugs with over-the-counter equivalents;
    - allergy sera and extracts administered via injection;
    - for the purpose of weight control;
    - fertility drugs;
    - vitamins, minerals, food supplements.;
    - dietary supplements;
    - cosmetic, including but not limited to, the removal of wrinkles or other natural skin blemishes due to aging or physical maturation, or Treatment of acne except as specifically provided in this Certificate;
    - blood glucose meters, asthma holding chambers and peak flow meters are eligible health services, but are limited to one (1) prescription order per Policy Year Benefit Period;
    - refills in excess of the number specified or dispensed after one (1) year of date of the prescription;
    - drugs labeled, "Caution – limited by federal law to Investigational use" or Experimental Drugs;
    - purchased after coverage under the Certificate terminates;
    - consumed or administered at the place where it is dispensed;
    - if the FDA determines that the drug is: contraindicated for the Treatment of the condition for which the drug was prescribed; or Experimental for any reason;
    - bulk chemicals;
    - non-insulin syringes surgical supplies durable medical equipment/medical devices with the exception of diabetic blood monitors and kits;
    - stimulants;
    - repackaged products;
    - blood components;



- immunology products.
- 41. non-chemical addictions.
- 42. non-physical, occupational, speech therapies (art, dance, etc.).
- 43. modifications made to dwellings.
- 44. general fitness, exercise programs.
- 45. obesity Surgery.
- 46. hypnosis.
- 47. rolfing.
- 48. biofeedback.
- 49. hyperhidrosis.
- 50. charges for inpatient Private-duty nursing.

# Coverage Count Report

Policy Year : 2016

Agent : ALL

Category : ALL

State : ALL

Company : ALL

Run Date : 03/31/2020

Page No : 1

From Date : 08/29/16 To Date : 08/29/17

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Coverage	Count	Units	Rate	List Premium
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Policy #	2678	LOUISIANA TECH UNIVERSITY
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Plan No. : 16-2678

CHILD FALL QUARTER INTERNATIONAL	1	1	360.00	360.00
CHILD MONTHLY INTERNATIONAL	1	2	120.00	240.00
STUDENT FALL QUARTER INTERNATIONAL	336	336	288.00	96,768.00
STUDENT MONTHLY INTERNATIONAL	5	12	96.00	1,152.00
STUDENT SPRING QUARTER INTERNATIONAL	309	309	288.00	88,992.00
STUDENT SUMMER QUARTER INTERNATIONAL	154	173	288.00	44,352.00
STUDENT WINTER QUARTER INTERNATIONAL	319	319	288.00	91,872.00
Plan Total :	1125	1152		323,736.00

Plan No. : 16-2678A

STUDENT FALL QUARTER INTERNATIONAL	4	4	312.00	1,248.00
STUDENT SPRING QUARTER INTERNATIONAL	7	7	312.00	2,184.00
STUDENT SUMMER QUARTER INTERNATIONAL	5	5	312.00	1,560.00
STUDENT WINTER QUARTER INTERNATIONAL	4	4	312.00	1,248.00
Plan Total :	20	20		6,240.00
Policy Total :	1145	1172		329,976.00

# Utilization Review By Place Of Service

As of Date : 09/01/18

1708-62E6-2678

Policy Year : 2016

Run Date : 03/31/20

LOUISIANA TECH UNIVERSITY

Page No. : 1

ICD-9 / Count	Description	Premium	Loss %	Submitted Claims	Discounts	Current Payment	PPR %	COB Saving
Plan number: 16-2678								
Place of Service : 11 DOCTORS OFFICE								
054. / 1	HERPES SIMPLEX			214.00	0.00	0.00	100.00	0.00
078. / 1	OTHER DISEASES DUE TO VIRUSES AND CHLAMYDIAE			290.00	0.00	0.00	100.00	0.00
133. / 2	ACARIASIS			2,001.26	127.73	670.18	66.51	0.00
218. / 2	UTERINE LEIOMYOMA			2,428.21	276.23	889.10	63.38	0.00
225. / 1	BENIGN NEOPLASM OF BRAIN AND OTHER PARTS OF NI			3,038.00	0.00	0.00	100.00	0.00
241. / 1	NONTOXIC NODULAR GOITER			1,767.00	0.00	0.00	100.00	0.00
244. / 1	ACQUIRED HYPOTHYROIDISM			161.00	0.00	0.00	100.00	0.00
250. / 1	DIABETES MELLITUS			216.00	0.00	0.00	100.00	0.00
266. / 1	DEFICIENCY OF B-COMPLEX COMPONENTS			1,172.23	41.99	268.30	77.11	0.00
296. / 1	AFFECTIVE PSYCHOSES			107.00	0.00	0.00	100.00	0.00
300. / 1	NEUROTIC DISORDERS			266.00	0.00	0.00	100.00	0.00
307. / 1	SPECIAL SYMPTOMS OR SYNDROMES, NOT ELSEWHERE			161.00	0.00	0.00	100.00	0.00
333. / 1	OTHER EXTRAPYRAMIDAL DISEASE AND ABNORMAL MC			427.00	0.00	0.00	100.00	0.00
346. / 1	MIGRAINE			1,562.00	0.00	0.00	100.00	0.00
365. / 1	GLAUCOMA			563.00	0.00	0.00	100.00	0.00
369. / 1	BLINDNESS AND LOW VISION			125.00	0.00	0.00	100.00	0.00
372. / 1	DISORDERS OF CONJUNCTIVA			180.00	0.00	0.00	100.00	0.00
373. / 1	INFLAMMATION OF EYELIDS			261.00	0.00	0.00	100.00	0.00
380. / 1	DISORDERS OF EXTERNAL EAR			63.00	0.00	0.00	100.00	0.00
384. / 1	OTHER DISORDERS OF TYMPANIC MEMBRANE			413.00	0.00	0.00	100.00	0.00
455. / 1	HEMORRHOIDS			214.00	0.00	0.00	100.00	0.00
461. / 5	ACUTE SINUSITIS			1,461.08	20.67	264.41	81.90	0.00
462. / 1	ACUTE PHARYNGITIS			193.00	0.00	0.00	100.00	0.00
463. / 1	ACUTE TONSILLITIS			195.00	0.00	0.00	100.00	0.00
464. / 1	ACUTE LARYNGITIS AND TRACHEITIS			942.92	78.29	316.61	66.42	0.00
465. / 3	ACUTE UPPER RESPIRATORY INFECTIONS OF MULTIPLE			1,688.58	139.86	498.81	70.46	0.00
511. / 2	PLEURISY			800.00	0.00	0.00	100.00	0.00
520. / 1	DISORDERS OF TOOTH DEVELOPMENT AND ERUPTION			2,320.00	0.00	0.00	100.00	0.00
530. / 2	DISEASES OF ESOPHAGUS			4,156.97	238.42	2,030.79	51.15	0.00
535. / 1	GASTRITIS AND DUODENITIS			2,278.19	149.76	2,038.43	10.52	0.00
536. / 1	DISORDERS OF FUNCTION OF STOMACH			128.00	0.00	0.00	100.00	0.00
550. / 1	INGUINAL HERNIA			572.00	0.00	0.00	100.00	0.00
564. / 1	FUNCTIONAL DIGESTIVE DISORDERS, NOT ELSEWHERE			223.51	0.00	88.51	60.40	0.00
565. / 1	ANAL FISSURE AND FISTULA			120.00	0.00	0.00	100.00	0.00
574. / 1	CHOLELITHIASIS			694.36	72.56	286.80	58.70	0.00
575. / 1	OTHER DISORDERS OF GALLBLADDER			95.00	0.00	0.00	100.00	0.00
599. / 1	OTHER DISORDERS OF URETHRA AND URINARY TRACT			2,207.22	159.51	1,774.22	19.62	0.00
608. / 3	OTHER DISORDERS OF MALE GENITAL ORGANS			63,104.95	93.47	16,749.88	73.46	40,840.18
611. / 1	OTHER DISORDERS OF BREAST			500.00	0.00	0.00	100.00	0.00
616. / 1	INFLAMMATORY DISEASE OF CERVIX, VAGINA, AND VULV			107.00	0.00	0.00	100.00	0.00
617. / 1	ENDOMETRIOSIS			811.00	0.00	0.00	100.00	0.00
623. / 2	NONINFLAMMATORY DISORDERS OF VAGINA			518.23	13.91	163.32	68.49	0.00
625. / 1	PAIN AND OTHER SYMPTOMS ASSOCIATED WITH FEMALE			214.00	0.00	0.00	100.00	0.00
626. / 4	DISORDERS OF MENSTRUATION AND OTHER ABNORMAL			4,617.81	157.30	1,525.51	66.96	0.00
634. / 1	SPONTANEOUS ABORTION			577.28	41.60	465.68	19.33	0.00
686. / 2	OTHER LOCAL INFECTIONS OF SKIN AND SUBCUTANEOUS			840.97	24.05	247.92	70.52	0.00
690. / 1	ERYTHEMATOUSQUAMOUS DERMATOSIS			774.46	34.84	431.62	44.27	0.00
692. / 3	CONTACT DERMATITIS AND OTHER ECZEMA			2,702.17	127.49	659.16	75.61	0.00
704. / 1	DISEASES OF HAIR AND HAIR FOLLICLES			107.00	0.00	0.00	100.00	0.00
705. / 2	DISORDERS OF SWEAT GLANDS			442.00	0.00	0.00	100.00	0.00
706. / 3	DISEASES OF SEBACEOUS GLANDS			933.99	39.65	101.34	89.15	0.00
719. / 3	OTHER AND UNSPECIFIED DISORDERS OF JOINT			1,248.00	0.00	0.00	100.00	0.00
724. / 5	OTHER AND UNSPECIFIED DISORDERS OF BACK			3,178.50	115.82	431.69	86.42	0.00
729. / 2	OTHER DISORDERS OF SOFT TISSUES			1,046.00	0.00	0.00	100.00	0.00

# Utilization Review By Place Of Service

As of Date : 09/01/18

Policy Year : 2018

1708-62E6-2678

Run Date : 03/31/20

LOUISIANA TECH UNIVERSITY

Page No. : 2

ICD-9 / Count	Description	Premium	Loss %	Submitted Claims	Discounts	Current Payment	PPR %	COB Saving
<b>Place of Service : 11 DOCTORS OFFICE</b>								
<b>Plan number: 16-2678</b>								
741. / 1	SPINA BIFIDA			414.00	0.00	0.00	100.00	0.00
780. / 2	GENERAL SYMPTOMS			364.00	0.00	0.00	100.00	0.00
784. / 2	SYMPTOMS INVOLVING HEAD AND NECK			2,292.00	0.00	0.00	100.00	0.00
786. / 4	SYMPTOMS INVOLVING RESPIRATORY SYSTEM AND OTI			1,584.37	33.15	281.22	82.25	0.00
787. / 2	SYMPTOMS INVOLVING DIGESTIVE SYSTEM			1,943.53	93.34	837.19	56.92	0.00
788. / 2	SYMPTOMS INVOLVING URINARY SYSTEM			586.23	20.93	163.32	72.14	0.00
789. / 5	OTHER SYMPTOMS INVOLVING ABDOMEN AND PELVIS			5,196.15	241.78	2,686.35	48.30	0.00
794. / 2	NONSPECIFIC ABNORMAL RESULTS OF FUNCTION STUI			2,116.94	74.36	767.34	63.75	0.00
795. / 2	NONSPECIFIC ABNORMAL HISTOLOGICALAND IMMUNOI			407.00	0.00	0.00	100.00	0.00
808. / 1	FRACTURE OF PELVIS			278.00	0.00	0.00	100.00	0.00
815. / 1	FRACTURE OF METACARPAL BONE(S)			120.00	0.00	0.00	100.00	0.00
825. / 1	FRACTURE OF ONE OR MORE TARSALAND METATARSA			332.00	0.00	0.00	100.00	0.00
842. / 1	SPRAINS AND STRAINS OF WRIST AND HAND			195.00	0.00	0.00	100.00	0.00
959. / 2	INJURY, OTHER AND UNSPECIFIED			1,978.00	0.00	0.00	100.00	0.00
R53. / 1				107.00	0.00	0.00	100.00	0.00
V04. / 1	NEED FOR PROPHYLACTIC VACCINATION AND INOCULA			63.00	0.00	0.00	100.00	0.00
V05. / 1	NEED FOR OTHER PROPHYLACTIC VACCINATION AND II			40.00	0.00	0.00	100.00	0.00
V22. / 2	NORMAL PREGNANCY			3,337.87	182.26	1,811.53	45.73	0.00
V25. / 1	CONTRACEPTIVE MANAGEMENT			107.00	0.00	0.00	100.00	0.00
V70. / 1	GENERAL MEDICAL EXAMINATION			154.00	0.00	0.00	100.00	0.00
V72. / 4	SPECIAL INVESTIGATIONS AND EXAMINATIONS			1,568.00	0.00	0.00	100.00	0.00
V74. / 1	SPECIAL SCREENING EXAMINATION FOR BACTERIALAN			100.00	0.00	0.00	100.00	0.00
<b>Totals For : 11</b>		0.00		138,712.98	2,598.97	36,449.23	73.72	40,840.18
<b>Place of Service : 20 INPATIENT ICU</b>								
575. / 1	OTHER DISORDERS OF GALLBLADDER			94,649.86	0.00	0.00	100.00	0.00
<b>Totals For : 20</b>		0.00		94,649.86	0.00	0.00	100.00	0.00
<b>Place of Service : 21 INPATIENT HOSPITAL</b>								
305. / 1	NONDEPENDENT ABUSE OF DRUGS			122.00	0.00	0.00	100.00	0.00
575. / 1	OTHER DISORDERS OF GALLBLADDER			31,115.47	0.00	0.00	100.00	0.00
<b>Totals For : 21</b>		0.00		31,237.47	0.00	0.00	100.00	0.00
<b>Place of Service : 22 HOSPITAL OUTPATIENT</b>								
218. / 1	UTERINE LEIOMYOMA			606.78	95.42	474.66	21.77	0.00
241. / 1	NONTXIC NODULAR GOITER			1,000.25	49.20	623.03	37.71	0.00
535. / 1	GASTRITIS AND DUODENITIS			10,812.36	889.29	8,534.07	21.07	0.00
550. / 1	INGUINAL HERNIA			21,028.73	0.00	0.00	100.00	0.00
564. / 1	FUNCTIONAL DIGESTIVE DISORDERS, NOT ELSEWHERE			5,150.73	0.00	0.00	100.00	0.00
574. / 1	CHOLELITHIASIS			47,808.19	4,262.37	29,649.21	37.98	0.00
575. / 1	OTHER DISORDERS OF GALLBLADDER			4,174.00	0.00	0.00	100.00	0.00
608. / 1	OTHER DISORDERS OF MALE GENITAL ORGANS			39,736.96	0.00	8,377.09	78.92	10,996.47
634. / 1	SPONTANEOUS ABORTION			19,067.76	3,944.58	14,277.88	25.12	0.00
686. / 1	OTHER LOCAL INFECTIONS OF SKIN AND SUBCUTANEO			703.27	72.05	317.21	54.89	0.00
692. / 1	CONTACT DERMATITIS AND OTHER ECZEMA			1,095.60	142.92	738.67	32.58	0.00
719. / 1	OTHER AND UNSPECIFIED DISORDERS OF JOINT			3,068.60	226.59	2,661.30	13.27	0.00
786. / 1	SYMPTOMS INVOLVING RESPIRATORY SYSTEM AND OTI			293.00	0.00	0.00	100.00	0.00
789. / 1	OTHER SYMPTOMS INVOLVING ABDOMEN AND PELVIS			2,532.64	0.00	0.00	100.00	0.00
808. / 1	FRACTURE OF PELVIS			200.36	0.00	0.00	100.00	0.00
V72. / 2	SPECIAL INVESTIGATIONS AND EXAMINATIONS			1,899.47	0.00	0.00	100.00	0.00
<b>Totals For : 22</b>		0.00		159,178.70	9,682.42	65,653.12	58.76	10,996.47
<b>Place of Service : 23 EMERGENCY ROOM-HOSPITAL</b>								
300. / 1	NEUROTIC DISORDERS			1,105.79	0.00	0.00	100.00	0.00

# Utilization Review By Place Of Service

As of Date : 09/01/18

1708-62E6-2678

Policy Year : 2016

Run Date : 03/31/20

LOUISIANA TECH UNIVERSITY

Page No. : 3

ICD-9 / Count	Description	Premium	Loss %	Submitted Claims	Discounts	Current Payment	PPR %	COB Saving
<b>Place of Service : 23 EMERGENCY ROOM-HOSPITAL</b>								
<b>Plan number: 16-2678</b>								
305. / 1	NONDEPENDENT ABUSE OF DRUGS			6,624.76	0.00	0.00	100.00	0.00
380. / 1	DISORDERS OF EXTERNAL EAR			677.00	0.00	0.00	100.00	0.00
462. / 1	ACUTE PHARYNGITIS			739.00	0.00	0.00	100.00	0.00
535. / 2	GASTRITIS AND DUODENITIS			9,245.54	0.00	0.00	100.00	0.00
536. / 1	DISORDERS OF FUNCTION OF STOMACH			7,552.57	617.52	4,018.96	46.79	0.00
564. / 1	FUNCTIONAL DIGESTIVE DISORDERS, NOT ELSEWHERE			1,822.79	0.00	0.00	100.00	0.00
575. / 1	OTHER DISORDERS OF GALLBLADDER			56,412.73	0.00	0.00	100.00	0.00
595. / 1	CYSTITIS			1,594.76	0.00	0.00	100.00	0.00
640. / 1	HEMORRHAGE IN EARLY PREGNANCY			12,298.92	0.00	0.00	100.00	0.00
685. / 1	PILONIDAL CYST			25,508.62	3,085.33	21,973.29	13.86	0.00
708. / 1	URTICARIA			3,396.69	334.08	2,043.61	39.84	0.00
724. / 1	OTHER AND UNSPECIFIED DISORDERS OF BACK			75.00	0.00	0.00	100.00	0.00
789. / 4	OTHER SYMPTOMS INVOLVING ABDOMEN AND PELVIS			10,734.82	291.82	3,136.47	70.78	0.00
815. / 1	FRACTURE OF METACARPAL BONE(S)			1,979.38	0.00	0.00	100.00	0.00
883. / 1	OPEN WOUND OF FINGER(S)			1,795.14	202.49	863.65	51.89	0.00
923. / 2	CONTUSION OF UPPER LIMB			3,822.10	0.00	0.00	100.00	0.00
924. / 1	CONTUSION OF LOWER LIMB AND OF OTHER AND UNSF			6,120.90	253.95	2,561.62	58.15	0.00
995. / 1	CERTAIN ADVERSE EFFECTS NOT ELSEWHERE CLASSII			3,708.11	0.00	0.00	100.00	0.00
V22. / 1	NORMAL PREGNANCY			5,476.40	639.33	4,742.07	13.41	0.00
<b>Totals For : 23</b>		0.00		160,691.02	5,424.52	39,339.67	75.52	0.00
<b>Place of Service : 24 AMBULATORY SURGICAL CENTER</b>								
550. / 1	INGUINAL HERNIA			750.00	0.00	0.00	100.00	0.00
<b>Totals For : 24</b>		0.00		750.00	0.00	0.00	100.00	0.00
<b>Place of Service : 81 INDEPENDENT LABORATORY</b>								
078. / 1	OTHER DISEASES DUE TO VIRUSES AND CHLAMYDIAE			661.00	0.00	0.00	100.00	0.00
218. / 2	UTERINE LEIOMYOMA			3,064.76	706.66	1,202.04	60.78	0.00
241. / 1	NONTOXIC NODULAR GOITER			3,008.45	213.33	2,475.12	17.73	0.00
244. / 1	ACQUIRED HYPOTHYROIDISM			164.00	0.00	0.00	100.00	0.00
266. / 1	DEFICIENCY OF B-COMPLEX COMPONENTS			575.08	36.53	434.55	24.44	0.00
300. / 1	NEUROTIC DISORDERS			457.00	0.00	0.00	100.00	0.00
333. / 1	OTHER EXTRAPYRAMIDAL DISEASE AND ABNORMAL MC			820.00	0.00	0.00	100.00	0.00
382. / 1	SUPPURATIVE AND UNSPECIFIED OTITIS MEDIA			271.00	0.00	0.00	100.00	0.00
530. / 1	DISEASES OF ESOPHAGUS			394.13	278.73	65.40	83.41	0.00
535. / 1	GASTRITIS AND DUODENITIS			39.00	0.00	0.00	100.00	0.00
599. / 1	OTHER DISORDERS OF URETHRA AND URINARY TRACT			1,254.00	0.00	0.00	100.00	0.00
608. / 2	OTHER DISORDERS OF MALE GENITAL ORGANS			381.97	0.00	99.03	74.07	255.94
623. / 1	NONINFLAMMATORY DISORDERS OF VAGINA			277.00	0.00	0.00	100.00	0.00
625. / 1	PAIN AND OTHER SYMPTOMS ASSOCIATED WITH FEMAL			421.00	0.00	0.00	100.00	0.00
626. / 3	DISORDERS OF MENSTRUATION AND OTHER ABNORMA			1,312.70	252.29	35.66	97.28	0.00
634. / 1	SPONTANEOUS ABORTION			133.23	12.22	71.01	46.70	0.00
690. / 1	ERYTHEMATOSQUAMOUS DERMATOSIS			392.44	263.81	78.63	79.96	0.00
692. / 1	CONTACT DERMATITIS AND OTHER ECZEMA			429.00	0.00	0.00	100.00	0.00
704. / 1	DISEASES OF HAIR AND HAIR FOLLICLES			935.18	42.38	512.56	45.19	0.00
706. / 1	DISEASES OF SEBACEOUS GLANDS			200.00	0.00	0.00	100.00	0.00
719. / 1	OTHER AND UNSPECIFIED DISORDERS OF JOINT			53.00	0.00	0.00	100.00	0.00
724. / 2	OTHER AND UNSPECIFIED DISORDERS OF BACK			450.00	0.00	0.00	100.00	0.00
780. / 2	GENERAL SYMPTOMS			670.00	0.00	0.00	100.00	0.00
786. / 2	SYMPTOMS INVOLVING RESPIRATORY SYSTEM AND OTI			1,109.36	39.39	444.11	59.97	0.00
788. / 1	SYMPTOMS INVOLVING URINARY SYSTEM			294.88	96.11	66.75	77.36	0.00
789. / 1	OTHER SYMPTOMS INVOLVING ABDOMEN AND PELVIS			313.67	23.53	240.14	23.44	0.00
794. / 3	NONSPECIFIC ABNORMAL RESULTS OF FUNCTION STUI			770.00	0.00	0.00	100.00	0.00
795. / 1	NONSPECIFIC ABNORMAL HISTOLOGICAL AND IMMUNOI			234.00	0.00	0.00	100.00	0.00



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LOUISIANA TECH UNIVERSITY

Page No. : 4

ICD-9 / Count	Description	Premium	Loss %	Submitted Claims	Discounts	Current Payment	PPR %	COB Saving
<b>Place of Service : 81 INDEPENDENT LABORATORY</b>								
<b>Plan number: 16-2678</b>								
959. / 1	INJURY, OTHER AND UNSPECIFIED			189.00	0.00	0.00	100.00	0.00
R53. / 2				404.00	0.00	0.00	100.00	0.00
V22. / 2	NORMAL PREGNANCY			3,775.95	305.29	2,374.66	37.11	0.00
V70. / 2	GENERAL MEDICAL EXAMINATION			1,224.00	0.00	0.00	100.00	0.00
V72. / 2	SPECIAL INVESTIGATIONS AND EXAMINATIONS			159.25	0.00	0.00	100.00	0.00
Z01. / 1				120.00	0.00	0.00	100.00	0.00
<b>Totals For : 81</b>		0.00		24,958.05	2,270.27	8,099.66	67.55	255.94
<b>Place of Service : 97</b>								
A20. / 1	PHARMACY DRUG CARD			32,779.81	0.00	32,779.81	0.00	0.00
<b>Totals For : 97</b>		0.00		32,779.81	0.00	32,779.81	0.00	0.00
<b>Place of Service : 99 OTHER UNLISTED FACILITY</b>								
A11. / 1	CAPITATION FEES			11,563.69	0.00	11,563.69	0.00	0.00
<b>Totals For : 99</b>		0.00		11,563.69	0.00	11,563.69	0.00	0.00
220	Plan Totals:	329,592.00	58.83	654,521.58	19,976.18	193,885.18	70.38	52,092.59
<b>Plan number: 16-2678A</b>								
<b>Place of Service : 11 DOCTORS OFFICE</b>								
250. / 1	DIABETES MELLITUS			2,417.30	33.22	1,800.08	25.53	0.00
461. / 1	ACUTE SINUSITIS			375.00	0.00	0.00	100.00	0.00
595. / 1	CYSTITIS			224.00	0.00	0.00	100.00	0.00
<b>Totals For : 11</b>		0.00		3,016.30	33.22	1,800.08	40.32	0.00
<b>Place of Service : 22 HOSPITAL OUTPATIENT</b>								
250. / 1	DIABETES MELLITUS			492.70	18.26	324.44	34.15	0.00
525. / 1	OTHER DISEASES AND CONDITIONS OF THE TEETH AND			325.00	0.00	0.00	100.00	0.00
<b>Totals For : 22</b>		0.00		817.70	18.26	324.44	60.32	0.00
<b>Place of Service : 23 EMERGENCY ROOM-HOSPITAL</b>								
R55. / 1				1,746.00	0.00	0.00	100.00	0.00
R56. / 1				8,846.36	0.00	0.00	100.00	0.00
<b>Totals For : 23</b>		0.00		10,592.36	0.00	0.00	100.00	0.00
7	Plan Totals:	6,240.00	34.05	14,426.36	51.48	2,124.52	85.27	0.00

## Report Totals

Total Charges	668,947.90
Total Discounts	20,027.66
Total COB Saving	52,092.59
Total Payments	196,009.66
Total List Premium	335,832.00
Loss Ratio	58.37